

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25060

State File No.

318

1003

5825

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5825					
I. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis 2259							
d. FULL NAME OF HOSPITAL OR INSTITUTION 1613 Franklin Bldg				d. STREET ADDRESS (If rural, give location) 1613 Franklin Bldg							
3. NAME OF DECEASED (Type or Print) a. (First) Clara			b. (Middle) _____		c. (Last) Mayes		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1951				
5. SEX F.	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 11, 1886		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Edward Miss		12. CITIZEN OF WHAT COUNTRY? _____					
13a. FATHER'S NAME Phillip Jordan			13b. MOTHER'S MAIDEN NAME Mary Clay		14. NAME OF HUSBAND OR WIFE _____						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Linnus 1613 Franklin Bldg							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____				MEDICAL CERTIFICATION							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) NO</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH _____							
				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION NO		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 321X							
22. I hereby certify that I attended the deceased from 6-22-1951 to 6-25-1951 , that I last saw the deceased alive on 6-26-1951 , and that death occurred at 9:00 m., from the causes and on the date stated above.											
23a. SIGNATURE J. T. Edwards M.D. (Degree or title)				23b. ADDRESS 1975 Franklin		23c. DATE SIGNED 6-25-51					
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE June 30, 1951	24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis MO						
DATE REC'D BY LOCAL REG. J. B. Casater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. W. Green 4214 Delmar							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Melvin E. Pheasant*.....

Licensed Embalmer No. *4428*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.